

United States District Court  
For the District of Delaware

Acknowledgement of Service Form  
For Service By Return Receipt

Civil Action No. 05-164-SLR

FILED  
CLERK U.S. DISTRICT COURT  
DISTRICT OF DELAWARE  
2005 APR 14 PM 4:55

Attached below is a return receipt card reflecting proof of service upon the named party on the date show.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <i>Beatrice One</i></p> <p>B. Received by (Printed Name) <i>BEATRICE ONE</i></p> <p>C. Date of Delivery <i>4/14/05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below. <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><b>WARDEN TOM CARROLL</b> <b>DELAWARE CORRECTIONAL CENTER</b> <b>1181 PADDOCK RD.</b> <b>SMYRNA, DE 19977</b></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p>PS Form 3811, August 2001</p>		<p>7002 2030 0003 0326 6358</p> <p>Domestic Return Receipt</p> <p>2ACPRI-03-P-4081</p>	